

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Pharmaceutical Research & Manufacturers of America Better Government Committee

ADDRESS (number and street) ▼

950 F Street, NW

Suite 300

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00021972

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
07 01 2014 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Anne Holmes

Signature of Treasurer Anne Holmes

[Electronically Filed]

Date

10

14

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		80624.87
(b) Cash on Hand at Beginning of Reporting Period.....	70949.72	
(c) Total Receipts (from Line 19)	29338.84	99922.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100288.56	180546.96
7. Total Disbursements (from Line 31)	54643.56	134901.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45645.00	45645.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25582.88	72460.95
(ii) Unitemized	1255.96	4961.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	26838.84	77422.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	26838.84	97422.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	29338.84	99922.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	29338.84	99922.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	134500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	143.56	401.96
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54643.56	134901.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54643.56	134901.96

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26838.84	97422.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26838.84	97422.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Tara Ryan

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.94

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1338084335861

Amount of Each Receipt this Period

259.98

P/R Deduction (\$43.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Matthew Sulkala

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1387142435861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Thomas Hardaway

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee.

C

Name of Employer

PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1407527635861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1659.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Valerie Jewett

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.44

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1416900935861

Amount of Each Receipt this Period

423.48

P/R Deduction (\$70.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jeff Woodhouse

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1521550935861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lea Fisher

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1698847635861

Amount of Each Receipt this Period

225.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

948.48

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Sandra J. Dickerson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1727896235861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Bond

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

SVP, State Govt Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1759644935861

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anne Holmes

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR180533635861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1949.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR180533835861

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Kimberly Martin

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR180534535861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. John O'Connor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.82

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR180535035861

Amount of Each Receipt this Period

149.94

P/R Deduction (\$24.99 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1423.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Del Persinger

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

EVP & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2082.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR180535435861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. John J. Castellani

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1828048035861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Chip Davis

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

EVP, Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1849830235861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

3748.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Jenny Wolff Cline

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1856317235861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Naomi Morales

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

VP, HR & Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1856318435861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Josephine Martin

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

EVP, Public Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4050.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1872660835861

Amount of Each Receipt this Period

1350.00

P/R Deduction (\$225.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1950.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Kimberly Love

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1884612435861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jennifer Romans

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1902212735861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Cara Moon

Mailing Address 950 F Street, NW
Suite 300

City
Washington

State Zip Code
DC 20004-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1923874735861

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1224.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Scott LaGanga

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1942076635861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jay Taylor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1952911335861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lucia Cretella Lynch

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1965270635861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Jill Kronisch

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1965270735861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Christian Clymer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1965270835861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Neassa Kaelan Hollon

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1965270935861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Karl Uhendorf

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

VP-Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1966405935861

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Phil Levis

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1975068935861

Amount of Each Receipt this Period

60.00

P/R Deduction (\$5.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Elizabeth A. Lane

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1978739435861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. **Leslie Wood**

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director, State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1978739535861

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. **Colleen Maloney**

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1980251535861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. **Kimberly Sidhu**

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Director, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1981809535861

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

570.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 36

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Lori Kendrick

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Board Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1983560035861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. James 'Mit' Spears

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1983731835861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Shannon Graham

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP-Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR1985816135861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2023.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Christopher Kuzmuk

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Asst VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR1991519435861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jocelyn Ulrich

Mailing Address 950 F Street

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2023737735861

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Nick Shipley

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2028383835861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

984.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Tracy Napper

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Mgr, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2033625035861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Peter Fotos

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Fed Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2039979135861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. John P. Tunnell

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2047670135861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Linda Distlerath

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Dep VP, Intl Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2106688635861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jenny Bryant

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2108810235861

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Michelle Drozd

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2108810535861

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1548.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Andrew Hu

Mailing Address 950 F Street NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2122788235861

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Stephanie Fischer

Mailing Address 950 F Street NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2135011635861

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. William W. Chin

Mailing Address 950 F Street NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2139726935861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1549.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Linda Carroll Shern

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2139727035861

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ryan Garofalo

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2161207935861

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Charles M Clapton

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

SVP, Federal Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2707.25

Date of Receipt

09 / 30 / 2014

Transaction ID : PR2168909835861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1519.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Robert Zirkelbach

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr VP, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR2199024635861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Patrick Stone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR533051235861

Amount of Each Receipt this Period

75.00

P/R Deduction (\$12.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lori Reilly

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR917374935861

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2574.00

TOTAL This Period (last page this line number only)..... ►

25582.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address c/o Lisa Lisker

320 First Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 61881580

Amount of Each Receipt this Period

2500.00

Refund of 2014 contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ / /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030985

Amount of Each Disbursement this Period

500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. The Freedom ProjectMailing Address c/o Lisa Lisker
320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030986

Amount of Each Disbursement this Period

5000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

C. Boehner for SpeakerMailing Address c/o Lisa Lisker
320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Joint Fundraising Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030987

Amount of Each Disbursement this Period

5000.00

Joint Fundraising Committee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Trust PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 61030988

Amount of Each Disbursement this Period

5000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. John Barrow**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID : 61030989

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. William J. Pascrell Jr.**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID : 61030990

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Patrick Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address P.O. Box 868

City	State	Zip Code
Levittown	PA	19058

Transaction ID : 61030991

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Patrick J. MurphyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

B. People For Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address PO Box 31129

City	State	Zip Code
Santa Fe	NM	87594

Transaction ID : 61030992

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00

Candidate Name

Rep. Ben Lujan Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 03

Full Name (Last, First, Middle Initial)

C. Orrin PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address P.O. Box 1480

City	State	Zip Code
Washington	DC	20013

Transaction ID : 61030993Purpose of Disbursement
Federal Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Federal Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Enzi For Us Senate

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael B. Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030994

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marco Rubio For US Senate

Mailing Address PO Box 140420

City	State	Zip Code
Miami	FL	33114

Purpose of Disbursement

011

Candidate Name

Sen. Marco Rubio

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030995

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Keystone American PAC

Mailing Address P.O. Box 58746

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 61030996

Amount of Each Disbursement this Period

1000.00

Federal Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

Candidate Name

Mr. Mark Warner

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : 61631865

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alexander For Senate Inc

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement

Candidate Name

Sen. Lamar Alexander

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : 61631866

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn IncMailing Address PO Box 13026
Suite 180

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement

Candidate Name

Sen. John Cornyn

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : 61631867

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. McPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 61631868

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. Marsha Blackburn**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID : 61631869

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schock For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Mailing Address 1301 K Street, NW
Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. Aaron Schock**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID : 61631870

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Price M.D.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : 61631872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Mailing Address PO Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement

011

Candidate Name

Rep. Steve J. Israel

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : 61631873

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hagan For US Senate Inc

Mailing Address 426 C Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Sen. Kay Hagan

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : 61664248

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts For U S Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 61803112

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Sen. Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District:

Full Name (Last, First, Middle Initial)

B. Udall For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Transaction ID : 61803114

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Sen. Mark Emery UdallCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District:

Full Name (Last, First, Middle Initial)

C. Patrick Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Mailing Address P.O. Box 868

City	State	Zip Code
Levittown	PA	19058

Transaction ID : 61803115

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Patrick J. MurphyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 08

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 6116

City	State	Zip Code
La Quinta	CA	92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Raul Ruiz MD

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : 61803116

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kyrsten Sinema

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : 61803117

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address PO Box 1318

City	State	Zip Code
Deerfield	IL	60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brad Schneider

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : 61803118

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Republican Party of Kentucky-Federal Acct

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Mailing Address c/o Leslie Small
P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : 61847738**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. Kevin Brady**Office Sought: ☒ House
☐ Senate
☐ President
State: TX District: 08Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID : 61847739**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name

Category/
Type**Rep. Paul Tonko**Office Sought: ☒ House
☐ Senate
☐ President
State: NY District: 20Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID : 61847740**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

54500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 19748

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 62081437

Amount of Each Disbursement this Period

43.21

Bank fees

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 19748

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : 62081438

Amount of Each Disbursement this Period

56.87

Bank fees

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 19748

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : 62081439

Amount of Each Disbursement this Period

43.48

Bank fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

143.56

143.56